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**MASTERS IN SOCIAL WORK STUDENT AND PROFESSOR  
UNDERSTANDINGS OF THE CONNECTEDNESS OF SOCIAL WORK  
AND PUBLIC HEALTH IN EDUCATION AND PRACTICE**

Ashley Swatman

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MASTERS IN SOCIAL WORK STUDENT AND PROFESSOR  
UNDERSTANDINGS OF THE CONNECTEDNESS OF SOCIAL WORK AND  
PUBLIC HEALTH IN EDUCATION AND PRACTICE

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master in Social Work

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by  
Ashley Swatman

June 2020

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## ABSTRACT

The purpose of this study is to understand Masters in Social Work (MSW) student and professor perspectives on the connectedness of public health and social work, and inquire about their opinions of barriers and facilitators to further merging these two areas in practice and education. The study was formulated on the knowledge that social wellbeing directly impacts health outcomes, and public health and social work share many target objectives and populations. The study implements a qualitative design using face to face interviews with five advanced year MSW students, and two MSW professors. The key findings include the shared sentiment that the connection between public health and social work is under discussed in masters level education, and the majority opinion within the sample group that our education could benefit from bringing in professionals or speakers with backgrounds in public health. Interdisciplinarity in higher education has the potential to better prepare social workers to recognize and address the unique challenges faced by our client population, and advocate for systemic reform.

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# CHAPTER ONE

## INTRODUCTION TO THE CONNECTION BETWEEN PUBLIC HEALTH AND SOCIAL WORK

### Introduction

This section introduces the literature regarding the connection between social welfare and health outcomes, focusing specifically on predominate health concerns and the disproportionalities that are present. This chapter also discusses the problem formulation that lead to the development of the specific set of research questions. In this chapter, the purpose of the study is discussed as well as the significance of the project on social work practice.

### Problem Formulation

The overall health of a community offers insight into many aspects of society, and how systems within that society are caring for people. By examining the health outcomes of certain groups within a population compared to others, much can be learned about the overall health of that population, the status of certain groups within society and the equity of systems such as the healthcare and welfare systems. Maternal mortality and infant mortality stand as two of the strongest indicators of overall community health (Durch et al., 1997). According to the Center for Disease Control (CDC) Pregnancy Mortality Surveillance System (2018) black infants die at more than 2 times the rate of white infants. This data similarly demonstrated that between the years of 2011 and 2016, the

maternal mortality rate among black mothers was more than three times higher than the Caucasian maternal mortality rate. Exploring these two groups outline the worst outcomes alongside some of the best outcomes. This vast disproportionality exposes many realities of social inequality, poverty and racism while calling attention to the linked social, economic and public health implications. The complexity and intersectionality of this issue calls for a multidisciplinary, dynamic approach towards improvement, and speaks to an area of interest for the social work community.

Many of the active public health and medical interventions also aim to address social factors as well as health factors. According to the California Department of Public Health Black Infant Health Program (2020) the mission of this program is to support the African American population by addressing both their medical and social needs. This highly effective program employs the expertise of public health nurses, as well as social workers and has shown success in empowering African American women within their communities, and improving immediate and generational health outcomes. The effectiveness of this program speaks to the benefits of taking a multidisciplinary approach, at a practice level.

According to the National Association for Perinatal Social workers (2016) a large goal of the job as a medical social worker is to mitigate the effects of medical and psychosocial challenges faced by women, children and families. Applying strong multidisciplinary support at the point of medical contact is integral

in order to address the psychosocial needs of these women and infants. In this setting, medical providers scope of practice cannot accommodate an in-depth biopsychosocial assessment which speaks to the importance of competent social workers to work beside medical professionals.

The shared responsibility for improving community health is spread amongst the communities many public servants including medical providers, public health officials, policy makers and social workers. The social risk factors and barriers associated with this medical reality call for a strong social work and associated policy response. The National Association of Social Workers (NASW) Code of Ethics (2017) indicates the responsibility of social workers to practice with racial and ethnic competence, advocate for social justice, and remain educated on updated research and areas of diverse needs. The complexity of these issues should be met with structural analysis and systems approach. The interconnected nature of health outcomes and social and environmental factors expresses the importance for developing and implementing meaningful social work interventions and practices, as well as integrating this knowledge into social work education.

### Purpose of the Study

The purpose of this study is to understand the perspectives of Masters in Social Work students and professors on the connectedness of Social work and Public Health. The study aims to understand the knowledge of this population on public health issues, and whether they feel that further merging the two fields is

possible or necessary, and what are the barriers and facilitators to doing so. The intersectionality of health and social issues demonstrates the importance of creating an effective multidisciplinary approach. This multidisciplinary approach begins at an educational level and extends to practice and research. By speaking with this specific population, the researcher will gather opinions of the individuals setting the curriculum, as well as the next generation of professional social workers.

The overlap of ethical responsibilities and areas of need between public health and social work is well understood. This study aims to explore how public health issues can be more integrated into social work education and practice, in order to foster a more collaborative approach to solving issues that fall between multiple disciplines. This study will use a qualitative design with a face to face interview to gauge the knowledge and opinions of Masters in Social Work Students on public health issues, and their opinions about the intersectionality of public health and social work. The researcher also hopes to use the same interview to gain insights from Master in social work professors.

#### Significance of the Project for Social Work Practice

The field of Social Work is always in need of educated professionals to help address growing needs on micro, mezzo and macro levels. By staying informed on public policy and public health, social workers are better equipped to meet individuals in a more nuanced and culturally sensitive way. This research aims to contribute to social work practice by evaluating room for multidisciplinary

growth that can be impactful at a practice and education level. Understanding social workers insight into this neighboring field could also impact the questions asked on a research level.

This proposed study will interact with the social work generalist intervention model on several levels. Further empowering student and professional social workers to understand complex racial and social issues, such as maternal and infant mortality, will inform the exploring stage by impacting questions to be asked. The assessment process is an extremely important part of building rapport with individuals or communities. Examining the health outcomes of a given community is an important lens through which to understand the unique needs of that community, which positively impacts the assessment process. In that same sense, further cultural competence and broader understanding will benefit the planning, implementing evaluating and terminating stages as well. By asking the research question “What are the opinions of MSW student and MSW professors on the connectedness of social work and public health in a practice and educational setting” the researcher hopes to add to this body of work.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The literature review examines the issue of racial disparities in maternal and infant mortality and other health outcomes as a case study to demonstrate the connectedness of health outcomes and social issues, and examine existing interventions that aim to address both. Examining the existing literature also points to areas where multidisciplinary or interdisciplinary growth are necessary. This literature review examines medical, public health, policy and social work perspectives and approaches in relation to this issue. Many of the studies that were reviewed call for innovative multidisciplinary approaches to mitigating these negative health outcomes. Social support is one level of intervention that is mentioned throughout the literature, which is an area of interest for social work.

#### Maternal and Infant Mortality Between Black and White Communities

According to the US census bureau (2017) 76.6% of the American population is white, and 13.4% are black, making these the two of the most populous racial groups in the United States. Focusing specifically on these two racial groups demonstrates the largest disparity in health outcomes, and gives an outline of the best overall outcomes versus the worst. Rates of maternal mortality and infant mortality are powerful indicators which point to the overall health of a

population, including factors such as the status of women in society and the equity and capacity within the healthcare system. Maternal mortality and infant mortality are therefore used to reflect larger problems such as gender, racial and social inequalities. Looking at society through the lens of this issue points to areas of needed growth and further support. The health disparities between the African American and white populations around these outcomes demonstrate a standalone health issue, but cannot be separated from social factors that contribute to said disparities between the black and white populations.

Maternal mortality is defined as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes” (Alkema et al., 2016). The authors go on to state that the Maternal Mortality Ratio (MMR) is measured by looking at the number of maternal deaths per 100,000 live births.

There has been much attention paid to the global reduction of the MMR, and initiatives such as the United Nations Millennium Development Goals (2018) have proven successful in bringing down rates of maternal mortality worldwide. In the United States, however, the MMR has not shown improvement, and its current rates are more than double the MMR in Canada. Additionally, MacDorman et al. (2016) reported that globally there has been a trend of decreasing cases of maternal mortality between the years 2000-2014, but the United States showed a trend in the opposite direction. Additionally, The CDC

Pregnancy Mortality Surveillance system for Maternal and Infant Health (2018) data points to a startling disparity in maternal mortality rates between black and white populations. Petersen et al. (2019) builds off this data to show that the maternal mortality ratio among African American women is 44 deaths per 100,000 live births, compared to 13 among white women

Similarly, Infant mortality (IMR) is measured by looking at the number of infant deaths per 1,000 live births. Studies show startling differences between black and white populations in this regard as well. The CDC Pregnancy Mortality Surveillance system for Maternal and Infant Health (2018) data also demonstrated that the three leading causes of infant mortality are birth defects, preterm birth/low birth weight and maternal pregnancy complications. Maternal health plays an integral role in the health of the infant, so improving maternal health has multigenerational health impacts.

The international monitoring group The Organization for Economic Cooperation and Development (OECD) data showing that in the year 2013, the white IMR in the United States was five per 1000 live births, which is in line with the IMR for other developed countries. In contrast the black IMR in the United states was 11.2 per 1000 live births, which is more closely aligned with developing countries like Thailand and Romania (OECD Health Status, 2018). The authors go on to state that black women experience the highest infant mortality rates among any racial or ethnic group in the United States, and the

black IMR has been almost twice the white IMR for over 35 years (Hogue, et al. 1980).

Another study by Loggins and Andrade (2014) took a close look at infant mortality data to see if education, marital status and prenatal care can help close or explain the gap between black and white women. The researchers used descriptive statistics and linear regression models to evaluate The Center for Disease Controls birth and death files. The study shows that among both black and white groups of women, the highest IMR took place within groups with no prenatal care. The study went on to identify that educated white women are the only group that is projected to meet the Office of Disease Prevention and Health Promotion 2020 goal of an IMR lower than 6.0 per 1,000. The predicted IMR for educated black women in 2020 is 10.6 and projected rates for black mothers with low education is higher. By these statistics, the racial disparity persists even when mothers are grouped by marital status, educational attainment and access to care (Loggins & Andrade, 2014).

### Connection Between Social Factors and Health Outcomes

There are many risk factors that contribute to negative health outcomes. Medical history and personal health choices make up a few of the risk factors, but health factors alone do not explain the stark disparities between black and white health outcomes. It is well documented that adverse experiences throughout a lifetime, including social experiences, contribute to health outcomes (Bellis et al., 2010). One landmark study that built our understanding of the

connection between social factors and health is the Adverse Childhood Experiences (ACEs) study by Kaiser Permanente in 1997, which stands as one of the largest investigative studies into the long-term impacts of neglect and abuse on physical health (Felitti et al., 1998).

The findings of this large-scale study underpin much of our understanding on this topic, and is cited throughout much of the literature. Chang et al. (2019) synthesized some of the health links that have been discovered, and the authors state that previous studies have shown that ACEs are associated with premature death, high risk behaviors, and chronic diseases such as cancer in adulthood. Adverse childhood experiences are also linked with coronary heart disease and stroke, and some studies have found a link with ACEs and cancer. The authors state that these findings constitute ACEs as an independent public health risk factor (Chang et al., 2019).

Similarly, there has been a growing body of literature and research developing that demonstrates the long-term health impacts of enduring a lifetime of racism and inequality. Dr. Arline Geronimus (2010) coined the term “weathering” to describe stress-induced wear and tear on the body. Research performed by Dr. Geronimus and her colleagues indicates that weathering leaves the body vulnerable in many ways. “Analyzing data from the Study of Women’s Health Across the Nation (SWAN), we estimate that at ages 49-55, black women are 7.5 years biologically “older” than white women. Indicators of perceived stress and poverty account for 27% of this difference” (Geronimus et al., 2010).

This lifetime of perceived racism and racialized stress endured by black women has impacts on the infant mortality rate as well.

The Samuel DuBois Cook Center on Social Equity and Insight Center for Community Economic Development, at Duke University published a report in 2018 that compiled literature to challenge the common public narrative that infant mortality rates are driven by risky maternal behaviors (Smith et al., 2018). This report demonstrates that social and economic factors that are often viewed as “protective factors” such as socioeconomic status, age and level of education obtained by the mother do not protect black women against negative birth outcomes (p.3). The literature in this report also demonstrates that disparities persist even when risky behaviors such as drug use and drinking, and risk factors, such as obesity, are taken into account (p.4).

This report goes on to identify racism as the persistent factor that contributes to disproportionate infant mortality rates within the black community. The lifetime exposure to discrimination and endured racism is tied to high blood pressure and higher levels of inflammation, and these experiences can negatively impact birth outcomes (p.6). This Structural racism, defined as inequalities regarding employment, education and household income is tied to the elevated infant mortality rate for black women, but not for white women (Wallace et al.,2017) These findings suggest that IMR inequities are directly impacted by structural racism, and the social conditions that thrive within a racist and discriminatory system (Smith et al.,. 2018).

Together, these studies help to demonstrate the long-term health impacts of adverse experiences, including perceived and experienced racism, trauma and discrimination. The literature in this area points to a clear connection between social experiences and health outcomes, which demonstrates the need for interventions and education that draw this connection.

### Existing Programs/Interventions and Possible Areas of Growth within Social Work

Many of the public health or medical programs that are being implemented currently show great social outcomes. There have also been marked decreases in health disparities due to policy change, which is certainly an area of interest and responsibility for the social work community.

One of the most well-known evidence-based intervention programs to address poor maternal and infant outcomes is The Nurse Family Partnership, a program where Public Health nurses visit at risk mothers at home during the first two years of their child's life to educate them on safety, child development and to connect them with social support and community resources. The program has improved parental care as evidenced by fewer injuries that may be associated with abuse or neglect (Olds, 2006). The author cites other positive outcomes including better infant emotional and language development, better maternal life course as evidenced by fewer subsequent pregnancies, better career outcomes and reduced dependence on public assistance.

The Black Infant Health program is another example of an initiative that aims to address the specific needs of black mothers and babies. According to the California Department of Public Health website (2020) this program operates on the principal that social and economic inequalities, and racial stress contribute to poor outcomes for African American babies and mothers and the program aims at improving maternal and infant health. The program implements a group-based empowerment model that focuses on skill building and community empowerment. Services are delivered by family health advocates, public health nurses and social workers.

The program demonstrates the power that building social support, has on health outcomes. The program has shown good results in building stronger bonds between mother and baby, as well as between mother and the community. O'Brien et al. (2012) evaluated participant attrition in the nurse family partnership program, and found that African American families had higher rates of drop out than other participants. The quantitative analysis implemented in the study also found that teenagers, particularly those who were unmarried, had higher dropout rates. The authors identified social disadvantages such as crowded housing, housing instability and lack of family support as barriers to care (p.226). This indicates a strong area of needed additional support, and interventions that recognize and address these specific issues and barriers.

Smith et al., (2018) state that increased social support for expectant black women has been cited as a preventative measure for poor birth and maternal

outcomes. The authors state that there have been promising results from programs where parents can opt for additional social, medical and child development support. These types of programs have shown positive impacts in reducing child abuse and neglect, reinforcing positive parenting techniques and promoting child development. According to the authors, these types of programs should prioritize offering services to black mothers, as the risk for infant and maternal mortality is higher among this population (p.10).

In terms of larger scale policy changes, the New York Times (2017) ran an article on the Affordable Care Act (ACA). The article points out that the ACA has helped an estimated 20 million people gain access to healthcare since 2010. A study by Hope et al., (2017) looked at CDC and U.S. Census bureau data to measure the impacts of the Affordable Care act on U.S. maternal mortality rates. The study showed that the increased access to prenatal care associated with the ACA expansion was linked to decreases in maternal mortality rates. Similarly, The Henry J. Kaiser Foundation (2017) examined women's health insurance coverage in the U.S and found that rates of uninsured women dropped from 17% in 2013 to 11% in 2016 with the implementation of the Affordable Care Act.

This expansion has shown huge impacts on women's health, and it stands to reason that further expansions and reforms would continue to improve outcomes for at risk populations, and the American public at large. This type of reform also demonstrates an area of growth for social workers, who have the ethical responsibility of advocating for their clients on a Marco and policy level.

## Theories Guiding Conceptualization

Maslow's hierarchy of needs (Maslow, 1943) is a psychological and sociological theory that underpins much research and understanding of basic human needs. Maslow states that all human beings are on a journey to self-actualization, but require movement through several other steps to achieve this ultimate goal. Maslow theorized that physiological needs, such as food water and sleep must be met and sustained for a person to make any meaningful progress towards other levels of need (p. 383). The second step according to Maslow is safety needs such as personal security, emotional security and health and wellbeing. If a person can accomplish the two previous tasks, they can progress to the social belonging step and then to achieve higher self-esteem. Once a person progresses through all of these steps, they may achieve self-actualization, but in order to do so the prior needs must be met. People can progress both forward and backward in Maslow's theory, and if their basic needs begin to disappear, they may descend back to step one.

Many of the issues that are coming into focus for patients with poor health outcomes are their lack of belonging within the larger society. Through the lens of black infant and maternal mortality this tool of disenfranchisement is identified as systemic or interpersonal racism or discrimination. Another underlying theory driving this research question is the ecosystems theory, which views individuals as being inseparable from the larger social systems that surround them. The idea is that there are constant exchanges between the individual and their

surroundings, and both influence one another. The ecosystem perspective is a prevalent lens to understand the relationship between people and the social environment (Kondrat, 2002).

The interconnectedness of people and their environment also ties into the idea that systems, as well as people can uphold or disrupt injustice and racism. Griffeth et al., (2007) defines institutional racism as the ways in which large social structures organize and foster racial inequality. In other words, institutional racism refers to a systems inability to provide equal services to people or groups due to their race or ethnicity (p.384). The authors cite an emerging model that they call *dismantling racism* which employs a systems approach to addressing the complex issue of healthcare disparities. The author goes on to say that they developed a theoretical framework that combined concepts from sociology, social work and psychology (p.382) These authors recognize the importance of looking beyond the individual in order to understand health issues, and this article supports using a multidisciplinary approach.

Another important factor in addressing the specific needs of disenfranchised groups, is understanding the deep and lasting impacts of systemic and interpersonal racism. Racial trauma is defined by (Comas-Díaz, 2016) as “events of danger related to real or perceived experiences of racial discrimination, threats of harm and injury and humiliating and shaming”. This differs from other types of trauma and requires its own approach. Jernigan & Daniel (2011) state that racial trauma receives limited clinical attention in social

science and psychology. The authors go on to identify schools as a common place where black individuals experience systemic and individual racism.

Understanding the health implications of racial, as well as other types of trauma, will help social service practitioners identify, address and advocate for change and implement appropriate interventions. Recognizing the health outcomes that result from this type of racial inequality may help social workers understand the depth of the racial policies, experiences and systems that they are working to protect their clients from.

### Summary

This literature review demonstrates a clear divide between black and white communities in terms of health outcomes, and outlines the multifaceted reasons that these outcomes exist. The exasperated health outcomes within African American communities transcends education level, point of care and access to healthcare. These overall poor outcomes call for a multidisciplinary approach that takes into account systemic issues as well as concerns on a mezzo and micro level.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter addresses the research design and rationale for choosing this methodology. The study design section presents an overview of this study, and details the research methods and designs used. This chapter provides information about the sample from which the data will be obtained, and the selection criteria as well as information on the reasoning behind selecting this particular population sample. Data collection and instruments are discussed in more detail as well. Procedure and information on the protection of human subjects is covered. The final section of this chapter offers information regarding the data analysis methods used.

#### Study Design

The purpose of this study was to explore MSW student and professor understandings of the connectedness between public health and social work on a practice and educational level, and gain their opinions on how relevant these two areas of study are to one another. The study utilized face to face interviews to gather participants thoughts on the presence of public health issues in MSW

classroom education as well as in the field. The questions also aimed to explore the perceived benefits and disadvantages, as well as barriers and facilitators of further merging these two areas of study. The researcher has conducted face to face interviews with five students and two professors. This study employed a qualitative design in the form of face to face interviews with participants. This design was the most practical for this study because it allowed for nuanced responses to open ended questions, and provided more depth of detail about a complex topic.

Additionally, the qualitative design with a smaller sample size was the most feasible method for the researcher to collect data. The limitations of this design were that it only accounted for a small sample size, from within an insular setting. Due to the fact that the field of social work relies on well trained MSWs within the workforce, obtaining opinions of individuals at this level of education was pertinent. Capturing the opinions of professors was important because these educators are the ones promoting educational topics and they have personal experiences working in the field. The researcher hopes that this has demonstrated a more well-rounded discussion on this topic. Another limitation was the difficulty to represent diversity of gender within the student and professor body which is predominantly female.

### Sampling

The sampling used in this study was convenience sampling. The researcher has individually interviewed two MSW professors, and five MSW

students. The researcher selected individuals to interview based on their affiliation with a Masters in Social Work Program. The research was able to capture the opinions of final year MSW students. This selection process ensured that the participants had at least one year of classroom learning behind them. The interviewer directed questions to MSW professors who have a PhD, a Masters in Social Work or related area of study and have experience working in the field. Using this selection process has ensured that the professors interviewed have clear understandings of the expectations of research education as well as creating curriculum in a master's level classroom. The feasibility of this research has guided the sample selection process, and because the research has been conducted within the student body it is less of a burden on resources.

#### Data Collection Instrument

This study implemented face to face interviews based on approximately 10 interview questions. Before the interview questions were administered, the researcher gathered basic demographics including gender and age, and position within the department. The open-ended question style allowed for individuals to give detailed and nuanced responses, which illustrates a wider understanding of the topics. The questions were designed in a sequence that aimed to capture a broader picture of understanding before narrowing down to specific opinions and thoughts.

The basic idea behind the sequencing is to start with broader topics and understandings, before honing in on specific thoughts and experiences related to the larger question. The latter questions aim to address specific thoughts on the connectedness of public health and social work on both an education and practice level. The student perspective has captured the opinions of individuals who interact with the subject matter on an educational level, and the professor perspective takes into account the professional experiences of those who have worked in the field and have a research background.

The administration of the questions within an academic setting has provided an informed sample population who can speak to several levels of this topic. The strengths of this instrument are that it has captured more nuanced opinions of individuals who are educated on the specific subject matter in question. One limitation is that there is no existing instrument that could help solidify the reliability of this measure. Another limitation is that the sample population is more insular and makes up a smaller percentage of the general population due to their placement in a higher education setting.

### Procedures

First and foremost, the researcher obtained the written consent of the head of the CSUSB school of social work to interview students and professors. The researcher also obtained IRB approval prior to interviewing anybody. Due to the smaller size of the department staff and student body, gathering data was easier. Because the researcher has a personal relationship with many of the

individuals who have been interviewed, the process was slightly less formal and labor intensive. The interviews took about 5 minutes per student and approximately 12 minutes per professor. The nominal time constraint made participation in the interview a reasonable time commitment for busy students and professors. The researcher initially sent out emails to prospective participants, in order to set up a time to conduct the face to face interviews. The researcher began conducting interviews in the third week of Winter Quarter and data collection was completed by week ten. The data collection took place at a university campus, with specific locations that depend on the needs of the participant. All interviews with professors were conducted in the professor's offices. The interviews with students were all conducted in a classroom or quiet area of campus. The researcher has gathered all data by March of 2020.

#### Protection of Human Subjects

The interviewer has ensured the protection of human subjects by conducting the interviews in private settings, and only interviewing individuals on a voluntary basis. Participants all anonymously signed an informed consent to ensure that they fully understood their protections, and what they were signing up to participate in. The researcher ensured that participants were informed on the purpose of the study, the voluntary nature of their involvement, and the risks and benefits of participating. The participants also agreed to have their voices recorded. The researcher conveyed to the subjects that they may stop participation at any time, and that the data may not be used if the participant no

longer wants it to be used. The researcher was also sure to convey confidentiality to the participant so that they fully understood their own protections.

Because the researcher interviewed students and professors within a Masters in Social Work program, there were additional layers of approval that were necessary before interviews began. The researcher has received IRB approval, as well as written permission to interview MSW students and professors from the head of the Social Work Department. It was made clear to the subjects who was doing the study and who was supervising the study, and the subjects were also informed about IRB approval. The researcher was also sure to share with participants that their names will not be included in the study. Additionally, the audio data was stored safely on the researcher's phone, and will be deleted upon completion of the study.

### Data Analysis

The researcher gathered the audio data from the face to face interviews, and transcribed the data word for word. The researcher then summarized the data, question by question, to identify any similarities between responses or outstanding responses. A cross participant analysis was employed to point out differences and similarities in the data and any relationships or themes that may exist. Categories and themes were identified from within the data, and major themes were chosen to present in the discussion section.

## Summary

In summary this chapter details the methods that were implemented in this study. The researcher used a qualitative design with quota and convenience sampling. The interview style was outlined to every participant, and the face to face interviews were employed with open ended questions to capture a depth of understanding on the topics at hand. The chapter reviewed the steps that were taken to ensure the protection of human subjects, and details the informed consent portion of the process. Data analysis techniques were also discussed in this chapter.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter, demographics variables of participants will be presented. This chapter will also present the major and minor themes that appeared in the interviews regarding the perceived connectedness of public health and social work from the participants. This chapter presents the findings of a cross participant analysis for each question asked during the face to face interviews.

#### Presentation of Findings

The sample population included five second year Masters in Social Work students and two Masters in Social Work professors. The demographics that were collected were age, gender, and affiliation with the program. Due to maintaining privacy, ethnicity demographics were not collected. The median age of the participants was 36. The youngest participant was 22 years old, and the oldest participant was 61 years old. Of the participants, all the students interviewed were female, as well as one female professor and one male professor. According to the U.S. Bureau of Labor Statistics (2019), 83% of employed social workers are female so this sample reflects the gender makeup of the social work profession.

When participants were asked about their familiarity with programs that aim to address both social and health concerns, the responses within the student

participant population were similar to each other. The responses within the professor population were also similar to each other, but different from the student responses. Most students expressed limited knowledge of programs that worked to address both social and health concerns. One student responded “To be honest, I don’t know any”. Two students cited Medi-Cal, and one student cited Women Infants Children (WIC).

The professor participants were able to identify several programs that work to address both health and social concerns. These programs included WIC, maternal depression screenings and child obesity screenings. Another example included an agency that was an adult day healthcare center that used the biopsychosocial approach to provide social and health support to their patient population.

In response to a question asking the participants to explain what they understand about the connectedness of social work and public health on an educational level, the answers among the student participants were mixed. The majority of the students thought that these fields were connected, but were unable to explain further. One student stated being unsure if the two were connected. Another student mentioned learning about public health issues in a macro context. One student stated that they felt like the two areas are connected but could not identify examples in an educational setting.

The professor participants both stated that these two fields of study were connected. One professor stated that “from an educational perspective, our roots

are similar” stating that social work grew out of public health. The other professor replied that the two fields are very connected, because we are looking at the whole person. This participant went on to say that they are unsure that public health officials are as familiar with the social work part of the picture.

In response to a question about the presence of public health issues and concepts in social work education, the majority of the students stated that it was minimally talked about in our education, and two of the students directly identified our macro class as being their source of information. One student stated specifically that “we talk about domestic abuse and child abuse and I think that these are public health issues, but they are not necessarily taught to us as public health concerns”.

The professor’s responses were similar to each other, and both expressed some sentiment that the connection between public health and social work is not talked about enough in our educational setting. One participant stated that “there is a lot of connection between these two knowledge bases, and in order for us to live up to the biopsychosocial perspective, I think we need to keep the bio part present. I don’t think it’s really taught strongly enough”.

In response to a question about how public health information and knowledge can be brought into social work education, the majority of the students felt that it would be valuable to bring in professionals who had experience in public health to share their opinions. Two students thought it would be good to

bring in public health knowledge, but could not think of ideas on how to integrate public health knowledge into social work education.

Both professors' responses were similar to each other, and similar to the majority of the students. Their responses also called for bringing in individuals who had either a study background in public health, or some career experience in public health. One professor specifically stated "I think one thing that we can do is bring public health experts into our classrooms and into our events and collaborate with them on publications." This participant went on to say that once initial collaborations are made, an important next step would be to get social work student interns into public health settings.

In response to a question inquiring about barriers to further incorporating public health and social work in an educational setting, responses were mixed. Two students identified funding as a major barrier. For example, one student responded "funding and resources, and the fact that public health and social work are viewed as separate areas of study". One student also identified the fact that our cohort is comprised of a large percentage of individuals who are receiving the title IVE grant, which focuses the curriculum on issues related to child welfare.

One professor stated that it is a matter of professors and individuals within the school of social work seeing the need for it. This professor went on to say that a case needs to be made for this integration. The other professor stated that misconceptions in both fields act as a barrier to merging areas of education.

In response to a question inquiring about the facilitators to further merging public health and social work in an educational setting, responses were mixed. Two students stated that they felt having professors with a background in public health or medical social work, or implement guest speakers who can discuss these topics would be a facilitator. Another student stated that it may be necessary for the students to make a case as to why further merging these two areas of study would be beneficial or necessary.

The professors also had mixed responses to this question. One professor stated that on a larger scale, a changing political and socioeconomic climate will further demonstrate the connectedness of physical and social ailments. This participant went on to say that this change may push our focus into an “eco social work perspective” that will naturally bring in more public health concerns and approaches. The other professor stated that potentially connecting with public health agencies, as opposed to public health departments at universities may be a good place to start. This participant went on to say that Universities are research focused as opposed to community practice focused, that it may be more beneficial to work together on a practice level to start.

The next question asked to participants was a two-part question, inquiring about the barriers and facilitators to further incorporating public health and social work on a practice level. In response to the element about barriers, students’ responses were mixed, with responses ranging from “I do not know” to citing a lack of communication between the fields. The professor’s responses about

barriers were also mixed. One answer cited the different scopes of practice between the two fields as a barrier, stating that the goal of public health is to get access to communities and gain their trust and that our status as mandated reporters “may cause public health agencies to not want to partner with us”

In response to the element about facilitators, participants responses were mixed. One student stated that it would potentially be beneficial to facilitate interdisciplinary trainings between public health and social work agencies. One professor responded that “Public health has the power and authority to do things in the community that we (social workers) can not necessarily do, this is a good reason for us to partner with them.”

When asked about their familiarity with programs that aim to address maternal or infant health from a social work perspective, the participants responses were mixed. Two of the student participants identified the supplemental Nutrition Program for Women Infants and Children (WIC), and another two participants identified Medi-Cal. One of the professors identified First Five, and the other professor identified their knowledge of a pre and post-natal screening program that aimed to provide services to an underserved population.

### Summary

In summary, this chapter reviewed demographics as well as major and minor findings from the face to face interviews. This chapter presented the results of cross participant analysis for each question asked during the face to

face interviews. The opinions of both students and professors from the sample group were used to demonstrate these findings.

## CHAPTER 5

### DISCUSSION

#### Introduction

This chapter will further discuss major themes that were deciphered from the findings presented in chapter four. This chapter will also discuss the limitations of this study, as well as the recommendations for social work practice, policy and research. This chapter also includes a summary of findings and their bearing on social work practice.

#### Discussion

The study identified that most students thought that public health and social work were connected on an educational or practice level, but were unable to explain further. The majority of students were able to express in their interviews that they thought that these two areas of study and practice had some overlap, but could not articulate any examples of how. This may mean that students are not understanding how or when this overlap in public health and social work takes place, or what it looks like when it does. Professors, on the other hand were certain of the connection in the two areas of study, citing similar educational roots and overlapping values, and shared experiences from the field that solidified this overlap. This indicates that in this sample, students will be entering the field unsure of the overlap.

There are many benefits to social workers entering the field with a good understanding of these connections, because they will be better prepared to deal

with the depth of issues that they see in their clients. One article described how effective social work practice that focuses on the prevention of adverse childhood experiences as well as resilience and recovery can help achieve national health policy goals (Larkin et al., 2014). Key to implementing this approach is first recognizing the connection that exists between health outcomes and adverse experiences, or trauma. This speaks to an important area of need for social service practitioners, and gives an example of how social workers can take an active role in improving health outcomes. It is important for students and new social workers to understand this connection between social wellbeing and health outcomes in order to properly identify risk factors, implement appropriate interventions and advocate. Additionally, this important role that social workers can play in this process can help the field of social work gain more legitimacy in terms of our scope of practice.

Along those lines, this study also identified the sentiment among professor participants that there may be an element of misinformation or misunderstanding, from a professional public health outlook, around what social workers scope of practice and abilities are. There was also a commonality between the two professor participants in thinking that public health professionals may not have as much information regarding social impacts on health outcomes, the importance of family structure or systems thinking. Additionally, both professor participants shared the sentiment that the legitimacy of our field may not be recognized within the public health profession. This speaks to an important area of necessary

advocacy, and a potential barrier to social work and public health agencies tackling their shared objectives together.

Not much literature exists about the specific opinions of public health workers on social workers, but one article by Eyk & Baum (2002) does outline the process of interagency collaboration by examining collaboration projects between hospitals and community health services. The article states that interagency collaboration is viewed to have positive impacts on service delivery, more effective use of resources and reduced stress on a given organization, as well as better understanding of the roles of other agencies (p 262).

The authors go on to examine philosophical and professional barriers to collaboration, and their findings describe a “them and us” attitude that can be present when agencies are asked to work together. The authors state that these attitudes can arise based on pre-existing views about other professional groups (p. 268). This finding is in line with the thinking of professors regarding barriers and stigmas, and speaks to the need to inform professionals of the roles and scopes of others that they may be working with.

Another key finding in this study is that there was a majority opinion, across professor and student participants, that public health concepts and their overlap with social work is not a topic that is discussed, or is under discussed in our MSW curriculum. Some students stated that they were unfamiliar with this overlap, others indicated that they had learned about this overlap in maybe one class and another student stated that we talk about a lot of public health issues,

but do not frame them as such. Professor participants agreed that the connection between health outcomes and social welfare and wellbeing are not discussed enough in our MSW curriculum.

There is some literature regarding the benefits, potentials and difficulties of interdisciplinarity in higher education. Tucker (2013) stated that interdisciplinarity is strongly advocated for by governments and universities as a way to develop knowledge towards addressing public problems. The study uses longitudinal data over a 13-year period to measure how interdisciplinarity in social work doctoral programs impacts the graduates. The findings suggest that interdisciplinarity encourages more generalist knowledge and scholarly productivity. This article supports the idea that interdisciplinary education is beneficial in practice, education and research.

Another study by Fineberg et al. (2004) recognized the inadequacy of medical education to prepare medical students for the interdisciplinary collaboration that is necessary in clinical settings. The study engaged second year MSW students and third- and fourth-year medical students in a quasi-experimental longitudinal study and tested out two different educational training approaches to foster communication, engagement and build mutual respect between disciplines. In this study, the intervention group engaged in a series of training sessions with individuals from the other discipline, while the control group was given written materials on interdisciplinary communication after the study was over. The study concluded that students in the intervention group showed

increases in perceived understanding of roles and responsibilities. The authors state that interdisciplinary education interventions improve role understanding and professional socialization.

Both of these studies demonstrate the importance of discussing interdisciplinary connection and shared responsibilities and values within our higher education. These studies both indicate that focusing on interdisciplinary education is beneficial on a professional, educational and research level. Because of the many shared values and objectives between social work and public health, this is especially important between our two professions. The study by Fineberg et al. (2004) also highlights the importance of hands on learning and direct interaction between professions.

This educational approach supports another theme that was uncovered in this study. A majority of students and professors stated that a good way to increase interdisciplinary understanding at an educational level is to bring more professors into the department that have backgrounds in areas closely related to public health. The participants specifically suggested adjunct professors or part time lecturers, if full time lecturers were not possible. Some of the student participants also suggested bringing guest lecturers, or other speakers from within the public health profession into the classroom to help explain concepts and overlap in the field.

## Limitations

Limitations of this study include the very small sample size of 7 participants, as well as the fact that all of the participants were affiliated with the same Masters in Social work program. The participants affiliation with higher education is also a limiting factor, as individuals with higher education degrees only account for a small percentage of the general population. Another limitation is that the study is not very ethnically or gender diverse, due to the makeup of the student and professor body. Another limitation was the campus closure due to COVID-19 precautions, which disrupted the interview, and supervision process.

## Recommendations for Social Work Practice, Policy and Research

As evidenced by the findings in this study, there are practice, policy and research implications that should be taken into account. The opinions of the participants indicated that students understood that there was a connection between public health and social work, although many students could not describe further, or think of specific examples of programs that work to address both health and social welfare outcomes. This finding has bearing on micro practice, because it shows that Masters level social workers from this sample will be entering the field with somewhat incomplete knowledge of the overlap between health and social welfare. Social workers bring a community practice approach to many multi-disciplinary teams, and it is important for new social workers to have an understanding of how to assess for and address the unique

social and health struggles brought forth by the intersectionality of these two areas.

Applying the biopsychosocial perspective is integral to social workers approach in any setting, and this study helps demonstrate that more work needs to be done in order to further students understanding of the “bio” portion of this approach. The National Association of Social Workers Code of Ethics (2017) guides all social work practice and implores social workers to be advocates for their clients, an act that requires the ability to identify the systemic and individual social inequalities that may have led a client to their given circumstance.

The student and professor participants expressed a majority opinion that our social work education does not focus on the overlap between public health and social work enough in our master’s program. Many participants also indicated that bringing in faculty that has a background in public health may help broaden the knowledge base of our students. There were also suggestions for bringing in guest speakers or part time staff if full time staff was not an option. Making this overlap more central to master’s education can help improve the individual approach of front-line social workers, who can meet their client with the appropriate trauma informed and culturally competent approaches.

Some literature exists which supports the idea that interdisciplinarity in social work education has positive impacts on role understanding and professional socialization (Fineberg et al. 2004; Tucker, 2013) this could help encourage the continued development of programs and policies that address

complex health issues using the knowledge and skills of social workers. Ensuring that social workers can actively point out, and advocate against systemic racism and racial trauma, for example, will broaden the conversation on a practice level, which could bring about changes to policy as well. The social work core values call for social workers to advocate for social justice, and helping students understand this connection between social welfare and health will also help students understand what policy reforms they should advocate for.

There needs to be continued research into the benefits of interdisciplinary education around social work and public health. There also needs to be continued research into the benefits of public health and social workers meeting in a professional setting to better address their patient's needs. Research should also continue to examine the opinions of professional social workers, and public health officials on further collaboration.

### Conclusion

In conclusion, this study reviews the known connection between social factors and health outcomes, and compiles the literature that demonstrates this connection. The study addresses the research question "What are the opinions of MSW students and professors regarding the connection between public health and social work" by presenting student and professor interviews. The interview responses produced major findings that pointed to potential areas of improvement within MSW education, practice and research.

The findings presented in this study included a theme that MSW students were unfamiliar or vaguely familiar with the connection between social factors and health outcomes, while professors were highly familiar with this connection. In order for social workers to appropriately address their clients, it is important for them to be able to identify the systemic injustice or racial trauma that may have impacted them throughout the lifetime. Another common consensus among student and professor participants was the thought that bringing public health professionals, or individuals who have worked closely with public health officials, into the classroom would be beneficial. The majority of participants believed that more interdisciplinarity in social work education would be beneficial. This study pointed to potential areas of growth within Masters level social work education, and outlined the benefits of integrating more public health knowledge into the curriculum.

APPENDIX A  
DATA COLLECTION INSTRUMENT  
BY: ASHLEY SWATMAN

- What is your gender? 1. Female 2. Male
2. How old were you on your last birthday? \_\_\_\_\_
  3. What is your position in the Social Work department? 1. Professor 2. MSW Student 3. Other
  4. Please tell me about your familiarity with any programs that aim to address both social and health concerns?
  5. Explain what you understand about the connectedness of social work and public health on an educational level?
  6. What is your view about the presence of public health issues and concepts in Social Work education? Do you feel like we talk about public health issues in social work education?
  7. What are your opinions of how we can bring public health information and knowledge into social work education?
  8. What do you believe are the barriers to further incorporating public health and social work in an educational setting?
  9. What do you think are the facilitators to further merging public health and social work in an educational setting? How can we further merge public health and social work in an educational setting?
  10. What do you think are the barriers and facilitators to further incorporating public health and social work on a practice level?
  11. Are you familiar with any programs that aim to address maternal or infant health from a social work perspective?

APPENDIX B  
INFORMED CONSENT FORM

**INFORMED CONSENT:** The study in which you are asked to participate is designed to examine MSW student and professor perspectives on the facilitators and barriers to further merging Public Health and Social work in education and practice. The study is being conducted by Ashley Swatman, an MSW student under the supervision of Dr. Janet Chang professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board at California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to examine MSW student and professor perspectives on the facilitators and barriers to further merging Public Health and Social work in education and practice

**DESCRIPTION:** Participants will be asked a few questions on their understanding of the connectedness between the fields of social work and public health. The questions aim to capture MSW professor and student perspectives on the importance of further merging these two areas of study, both in practice and education. The questions also aim to understand MSW student and professor opinions of the facilitators and barriers to further merging social work and public health.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain anonymous and data will be reported in group form only. No personally identifiable information will be collected and all responses will remain confidential.

**DURATION:** The interviews should take approximately 30 minutes to complete.

**RISKS & BENEFITS:** The potential harm to participants is extremely low due to the benign nature of the questions. One potential risk is the identities of the participants being discovered, due to the small size of the staff and student population. In order to address this risk, no personal information will be included in the results, including name, or age. The researcher will not record data about the ethnicity of participants, as this could lead to the identification of the participants. The participants do not stand to benefit personally from their participation with the research. The results may add to a body of research, and positively impact our Social Work understandings.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5184 (email: [jchang@csusb.edu](mailto:jchang@csusb.edu)).

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2018.

This is to certify that I read the above and I am 18 years or older.

\_\_\_\_\_

Place an X mark here

\_\_\_\_\_

Date

I agree to be audio recorded: \_\_\_\_\_ Yes \_\_\_\_\_ No

APPENDIX C  
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



January 14, 2020

**CSUSB INSTITUTIONAL REVIEW BOARD**  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2020-144

Ashley Swatman Janet Chang  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
[San Bernardino, California 92407](#)

Dear Ashley Swatman Janet Chang

Your application to use human subjects, titled "Further Merging Social Work and Public Health in Policy and Practice: Masters in Social Work Student and Professor Perspectives " has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased.
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at

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